



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2007**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,700.00**

Complete if Known

Application Number	09/862,636-Conf. #1483
Filing Date	May 22, 2001
First Named Inventor	Ervin Goldfain
Examiner Name	B. N. Thomas
Art Unit	2873
Attorney Docket No.	281-329.02

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0289** Deposit Account Name: **Marjama & Bilinski LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
0	0	x	0.00	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
0	0	x	0.00		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	0	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1501 Utility issue fee

1504 Publication fee for early, voluntary, or normal ...

1,400.00

300.00

SUBMITTED BY

Signature <i>George S. Blasiak</i>	Registration No. (Attorney/Agent) 37,283	Telephone (315) 425-9000
Name (Print/Type) George S. Blasiak	Date April 24, 2007	

Fee Transmittal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM047972542US, on the date shown below in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 24, 2007

Signature: *Barbara A. Saltsman* (Barbara A. Saltsman)



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 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><small>(to be used for all correspondence after initial filing)</small></p>		Application Number	09/862,636-Conf. #1483
		Filing Date	May 22, 2001
		First Named Inventor	Ervin Goldfain
		Art Unit	2873
		Examiner Name	B. N. Thomas
Total Number of Pages in This Submission	79	Attorney Docket Number	281-329.02

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <small>PTOL-45 Part 8 Fee(s) Transmittal (1 pg.), Comment on Statement of Reasons for Allowance (2 pgs.), Amendment After Allowance to Accompany Issue Fee Payment (20 pgs.), Substitute Specification (26 pgs.), Substitute Specification Merited to Show Changes (27 pgs.), Certificate of Express Mail and Return Mail from Postcard</small>
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MARJAMA & BILINSKI LLP		
Signature			
Printed name	George S. Blasiak		
Date	April 24, 2007	Reg. No.	37,283

Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, AirMail No. EM047972542US, on the date shown below in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Date: April 24, 2007	Signature: (Barbara A. Saltzman)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airmail No. EM047972542US, on the date shown below in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 24, 2007

Signature:

Barbara A. Saltsman
(Barbara A. Saltsman)

Docket No.: 281-329.02
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ervin Goldfain

Application No.: 09/862,636

Confirmation No.: 1483

Filed: May 22, 2001

Art Unit: 2873

For: OLD TITLE: Eye Viewing Device
Comprising Eyepiece And Video Capture
Optics

Examiner: B. N. Thomas

NEW TITLE: Eye Viewing Device
Comprising Video Capture Optics

COMMENT ON STATEMENT OF REASONS FOR ALLOWANCE

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

Please see the Remarks which begin on page 2 of this paper.

REMARKS

Regarding the Statement of Reasons for Allowance in the January 24, 2007 Notice of Allowance, applicants note that the elements referenced by the Examiner in the Statement do not appear in combination in each claim. If the Examiner's position is that each claim must reference each element referenced by the Examiner to be allowable, the Examiner is respectfully requested to withdraw allowance and to present a formal non-final office action substantiating such a position. Otherwise the record will reflect that each claim has been allowed for one or more element combinations actually recited in it.

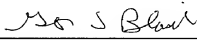
Accordingly, in view of the above remarks, applicants believe the present application to be in condition for allowance.

If the Examiner believes that contact with applicants' attorney would be advantageous toward the disposition of this case, the Examiner is herein requested to call applicants' representative at the phone number listed below.

The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to deposit Account No. 50-0289.

Dated: April 24, 2007

Respectfully submitted,

By 
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GSB/bs